STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155167	A. BUILDING _____ B. WING _____	C 05/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER VILLAGE NORTH	**11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Complaint # IN00148004.

Complaint #IN00148004-Substantiated. No deficiencies related to the allegations are cited.

Survey Dates: May 19 & 20, 2014.

Facility number: 000084
Provider number: 155167
AIM number: 100284600

Survey Team:
Tom Stauss, RN-TC
Karina Gates, Generalist

Census Bed Type:
SNF: 35
SNF/NF: 66
Residential: 81
Total: 182

Census Payor Type:
Medicare: 18
Medicaid: 55
Other: 109
Total: 182

Sample: 3

Westminster Village was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint # IN00148004.

Quality review completed on May 28, 2014 by Cheryl Fielden, RN.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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